

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-018005

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4252

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Louis**

Length of stay in 1b  
**2 days**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **St. Luke's Hospital**

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **St. Louis**

c. CITY OR TOWN **Maplewood**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**7624 Alicia Ave.**

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First Middle Last  
**Edward L. Naeger**

4. DATE OF DEATH  
Month Day Year  
**April 15th 1963**

## 5. SEX

**Male**

## 6. COLOR OR RACE

**White**

## 7. Married

☒ Never Married ☐ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

**6-26-1891**

## 9. AGE (last birthday)

**71**

## 10. USUAL OCCUPATION

(Give kind of work done during most of working life, even if retired)  
**Maintenance Man**

10b. KIND OF BUSINESS OR INDUSTRY  
**Meat Packing Co.**

11. BIRTHPLACE (City and state or country)  
**Zell, Mo.**

12. CITIZEN OF WHAT COUNTRY  
**USA**

## 13a. FATHER'S NAME

**Lawrence Naeger**

## 13b. MOTHER'S MAIDEN NAME

**Philamine Baumann**

## 14. NAME OF HUSBAND OR WIFE

**Mary Iva Naeger**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

## 16. SOCIAL SECURITY NO.

**None**

## 17. INFORMANT

**Mary I. Naeger,**

## Address

**Above**

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

**Pulmonary edema**

#### INTERVAL BETWEEN ONSET AND DEATH

**2-3 days**

#### DO NOT WRITE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DO NOT WRITE

**Chronic congestive heart failure**

**3 days**

#### DO NOT WRITE

**Arteriosclerotic heart disease**

**5 years**

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**Emphysema, senile; paralysis agitans**

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

☐

## 20b. SUICIDE

☐

## 20c. HOMICIDE

☐

## 20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

**4200**

## 20e. TIME OF INJURY

Hour a.m. p.m.

## 20f. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

**Home**

## 20g. CITY, TOWN, OR LOCATION

**St. Louis, Mo.**

## 20h. INJURY OCCURRED WHILE AT WORK?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20i. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

**Home**

## 20j. CITY, TOWN, OR LOCATION

**St. Louis, Mo.**

21. I attended the deceased from **February 16, 1956** to **April 15, 1963** and last saw her alive on **April 15, 1963**

Death occurred at **8:10 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

**James F. Nickel, M.D.**

## 22b. ADDRESS

**St. Louis, Mo.**

## 22c. DATE SIGNED

**16 April 63**

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

## 23b. DATE

**4-18-63**

## 23c. NAME OF CEMETERY OR CREMATORY

**Calvary Cemetery**

## 23d. LOCATION (City, town, or county)

**St. Louis, Mo.**

## 24. FUNERAL DIRECTOR

**JAY B. SMITH, Maplewood, Mo.**

## Address

## 25. DATE RECD. BY LOCAL REG.

**APR 17 1963**

## 26. REGISTRAR'S SIGNATURE

**Joan Smith, M.D.**

USE BLACK INK

OR TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*W. E. Burgess*

Licensed Embalmer No.

*4629*

P. O. Address

*Maplewood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.